

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET ASIDE		PAGE 1 OF 1 PAGES		
1. REQUEST NO. DTFASO-09-Q-00025		2. DATE ISSUED 12/18/2008		3. REQUISITION/PURCHASE REQUEST NO.		
4a. ISSUED BY FEDERAL AVIATION ADMINISTRATION EASTERN SERVICE AREA ASO-52ATL ACQUISITION GROUP P O BOX 20636 ATLANTA GA 30320				5. DELIVERY BY (Date) Multiple		
4b. FOR INFORMATION CALL: (No collect calls)				6. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
				8. DESTINATION		
NAME Kiersten Sellers				a. NAME OF CONSIGNEE		
AREA CODE 404		TELEPHONE NUMBER NUMBER 305-5776		b. STREET ADDRESS		
7. TO:						
a. NAME		b. COMPANY				
c. STREET ADDRESS				c. CITY		
d. CITY		e. STATE		f. ZIP CODE		
d. STATE		e. ZIP CODE				
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 4a ON OR BEFORE CLOSE OF BUSINESS (Date) 01/06/2009 1700 ET		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 4a. This request does not commit the Contract Authority to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.				
10. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	STAIR FAN MODIFICATIONS FOR THE MOBILE AIR TRAFFIC CONTROL TOWER (ATCT) AT BATES FIELD AIRPORT, MOBILE, ALABAMA ***See attached Scope of Work*** All questions should be put in writing to the Contracting Officer, Kiersten D. Sellers. Contact information is below. Kiersten Sellers (404) 305-5790 - phone (404) 305-5774 - fax Kiersten.Sellers@faa.gov - email					
11. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
					NUMBER	PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached						
12. NAME AND ADDRESS OF QUOTER			13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		14. DATE OF QUOTATION	
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE	
b. STREET ADDRESS					AREA CODE	
c. COUNTY			a. NAME (Type or print)		NUMBER	
d. CITY			e. STATE		f. ZIP CODE	
			c. TITLE (Type or print)			